

Market Position Statement

Appendix B: Care at home



1. Local Market Capacity

Care at home is the most widely commissioned local authority community based package. The support is provided in people's homes to help them cope with disability or illness, allowing them to maintain independence.

Care at home includes support with personal care; getting out of bed, washing, dressing, and support with other essential daily living activities and 1:1 care as required. Locally, Council commissioned care at home providers often provide support with medication as part of a package of care to meet other eligible care needs. New NICE guidance (Medication and Care at Home) is expected to be published on this in March 2017.

Generic care at home is provided to all adults with an identified need, who do not fall into the learning disability care category. This includes mental health, physical disability, frail/elderly and memory and cognition needs.

The overarching aim is to promote independence, health and wellbeing. The number of Adults receiving care services fluctuates daily owing to changeable levels of need, independence and wellbeing. On average approximately 1,056 Adults in Blackpool receive care at home services each week.

Generic care at home is externally commissioned on a framework agreement with 9 registered care agencies on the framework. The current agreement has been in place since April 2015, with the option to be in place until 2019.

Around 600 paid carers work for contracted external care at home providers delivering support to Adults across Blackpool. Together these care providers deliver approximately 12,197 hours of Council

commissioned care at home hours each week to Adults across Blackpool. The actual number of care hours fluctuates each day/week owing to people moving on and off care for various reasons, for example owing to hospitalisation. The average number of personal care hours (Adults) delivered per person each week across Blackpool is approx. 10 hours.

A further 467 paid carers work for contracted external care at home providers delivering the Learning Disability domiciliary care contract. These providers deliver on average approximately 2,890 hours sleep in support, plus 9,940 hours of Council commissioned care to adults with a learning disability each week. N.B. This figure includes both care at home and supported living services.

In addition, the Council's own In-House Care Team employ 40 Home care staff delivering on average around 780 hours of care at home each week supporting intermediate care pathway services; including Reablement at Home, Rapid Response Team, Early Supported Discharge Team and supporting urgent care requests - 75 hours of care per week is dedicated to supporting people leaving the Assessment & Rehabilitation Centre (ARC) and discharges from hospital. The In-House team is committed to maintaining the flow through the hospital. A small number of care staff are being recruited to support timely hospital discharges until longer term packages of support are arranged.

A further 14 In-House care staff deliver around 247 care hours each week via the In-House Primary Night Care service which supports people requiring care during the night to remain at home. In-House care staff are employed on part-time contracts of between 20-25 hours per week providing a degree of resilience and flexibility to increase hours as and when required. A small 'bank' of trained casual care staff is also available to deliver additional hours as required.

Demand

During the first six months of 2016/17, a total of 415 new care packages have been commissioned.

On average, 69 new packages were advertised on the care at home purchasing system each month.

Over the same 6-month period, these new care package opportunities provided on average 680 hours per month.

The Government is keen to support people at home for as long as is reasonably possible. Although Blackpool has a higher than average rate of actual admissions of Adults to permanent residential care than the England average, we are confident there is no evidence that people whose needs could be met in the community are being admitted to residential care. There are robust evidence and quality monitoring processes in place to ensure that this does not occur. Increasing demand for care at home services to support adults is anticipated this year and beyond owing to a growing adult service user population as increasing numbers of people live at home longer and as new and emerging models of care such as the GP Neighbourhoods and Extensive Care Team develop alongside care at home and focus on supporting people to remain healthy and well in their own homes.

The number of adults receiving care at home increased slightly in 2015 rising by 68. The total approximate number of weekly care hours also rose by 2,283 hours in 2015. This may be evidence that some adults with increasingly complex needs are being cared for at home for a longer period.

To date in 2016 (December), the client count has remained close to that of 2015, however the approximate number of weekly care hours (13,257)

is already close to last year's (2015) end of year total (13,401) with 3 further months remaining until year end.

- 2014 Client Count – 985
- 2014 – Average weekly purchased care at home hours - 11,118

- 2015 - Client Count – 1,053
- 2015 - Average weekly purchased care at home hours - 13,401

- 2016 - Client Count - 1,052
- 2016 - Average weekly purchased care at home hours - 13,257

N.B. The client count fluctuates daily as a number of people begin/cease receiving care services; owing to changeable levels of independence and wellbeing, admissions and discharges to/from hospital, residential/nursing care, or when people die or move out of the area.

Our demand for services is mainly met within the market, however we know that there are issues affecting new packages of care being picked up.

The award of newly commissioned care packages is a fair, transparent system. Care packages are relatively evenly commissioned between providers under the current framework agreement.

Where a minority of providers on the framework have identified a difficulty in picking up new packages, this has been understood and measures put in place to improve the opportunity to pick up new business in the future.

2,018 financial assessments have been carried out by the Social Care Benefits Team in respect of people in receipt of chargeable community care services (non-residential chargeable services include: direct payments, day care, Telecare, and care at home hours). Some individuals may have been re-assessed owing changes in their care packages part way through the year.

2. Cost of services

The rising cost of care is an issue for Local Authorities nationally. In 2016 Blackpool Council agreed to increase the fee rates to be paid care at home providers in 2016/17. This was necessary to enable care providers to meet their statutory obligations to pay at least the National Minimum Wage (NLW) and provide for the effective training and workforce development. The Council also made a commitment to keep the care at home fees model under review and to allow for a continuing dialogue with providers. Consultation with providers of social care has been undertaken with discussions focusing on wage structures, recruitment and retention of staff, costs involved in providing services and the sustainability of the market.

Provision has been made within the Council's medium term financial sustainability strategy (MTFSS) for increases to the NLW and minimum pension contributions expected over the next four years so that fee rates can be set at a level that allows providers of commissioned care to meet their statutory obligations.

The summary below shows the actual cost of:

- Adults care at home (including: Older Adults, Learning Disability, Mental Health) across 2014 -17:

2014/15 – £6.780m

2015/16 - £7.408m

2016/17 - £8.270m

- Learning Disability Supported Living (Shared accommodation where each individual requires support) across 2014 -17:

2016/17 - £7.763m

2015/16 - £6.687m

2014/15 - £5.335m

It is proposed that the 'plus one' contract extension options available on both the Generic (Adults) Care at Home and Children's Care at Home Contract Frameworks are exercised for a further year up to Spring 2018 to allow re-tender exercises to be planned.

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providers. Consultation with providers of social care has been underway since August with discussions focusing on:

- Wage structures including the payment of differential rates for people under 25 years of age
- The ability to recruit and retain staff at current pay rates
- The costs involved in providing services and the sustainability of the market.

Meetings with all the care at home providers have taken place together with most supported living providers.

The overriding issue affecting the majority of providers is the ability to recruit and retain staff at current hourly rates of pay which average around £7.40 per hour. Providers are looking at ways to incentivise staff to join and remain within them by offering discount schemes, interest free loans etc., but these benefits are not seen as attractive as the higher rates of pay offered by the retail and leisure sectors (Aldi, Lidl and Morrisons all offer an hourly rate of more than £8.20).

In addition jobs in the care sector are seen as more demanding with higher levels of responsibility, for example, the requirement to perform health related duties such as changing dressings and administering medication. The overall effect is that the size of the workforce remains fairly static with little to no increase in capacity possible.

In addition there is concern about providers' ability to maintain financial viability given low profit margins and the uncertainties in the sector e.g. future fee uplifts, contract tendering exercises, challenges related to pay from the workforce.

Other financial factors affecting some providers include the introduction of an apprenticeship levy from April 2017, which will require providers with a payroll bill of more than £3million to pay a levy of 0.5% of their total pay bill to HMRC. It is estimated that this will add an additional 4p per hour to the care at home hourly rate.

Provision has been made within the Council's medium term financial sustainability strategy (MTFSS) for the increases to the NLW and minimum pension contributions expected over the next four years so that fee rates can be set at a level that allows providers of commissioned care, in particular care at home and residential care, to meet their statutory obligations.

The care sector as a whole, nationally and locally has difficulty attracting quality applicants and retaining good staff, in particular around care at home. Low wages, lone working and travelling are cited as barriers to retaining care staff. Local care providers advertise jobs online, via leaflet campaigns and participate in local recruitment events at Job Centre and Colleges. Care providers are encouraged by the Commissioners to offer guaranteed hours to staff rather than zero hours contracts. It is hoped that by offering regular fixed hour contracts this will provide more reliable cover at peak times and boost recruitment across the sector.

3. What our work will include

A factor affecting local capacity is when a service user is admitted into hospital. Currently, we ask that providers 'hold' existing care packages on suspension for up to seven days - this is so that when the person is medically fit to return home we can resume their care service quickly. Unfortunately, this also means the agency cannot pick up new ongoing packages during this period as this would inevitably create other delays further down the line and no doubt result in complaints.

There is potential to review this process and to test effects if it was to reduce to a one week suspension period.

Similarly, better communication with health colleagues would be required to clarify with a degree of certainty whether a person is likely to be in hospital for more than 14 days. If it will be, the care package could be cancelled care hours redeployed. Currently care agencies just wait until day 15 to know if they can reallocate resources.

To work, the care provider would just require some level of assurance from the Council that the service user will be in hospital or not returning home within 14 days. If it is possible to say with some certainty that this is the case, we could instruct the care agency to cancel their package, freeing care capacity to be utilised somewhere else.

We have also changed the way in which we undertake our contract reviews and have moved toward a system of site visits to support our quality assurance process.

A Learning Disability Care Framework tender exercise is planned to commence early 2017 to award new supported living and learning disability care at home contracts.

There are increasing levels of expectation around providing care for people with complex medication regimes, medication training and the requirements of the CQC. A medicines management workshop has previously been held with Providers but further work is required to clarify

whether medication only visits are the responsibility of the Council or the CCG.

An audit exercise in relation to medication support provided to people receiving care at home is currently underway. Commissioners are working with care providers to understand current daily support/administration levels locally and the challenges this creates. For example: preventing late/missed visits or respond to errors and what kind of monitoring training and checks are necessary.

4. What we want from the market

Colleagues in Adult Social Care have indicated that it is sometimes difficult to secure care at home provision quickly, particularly in the north of Blackpool and especially in complex cases or where two carers per visit are required.

During the schedule of contract review meetings in 2016/17, we have asked our framework providers to consider how they could gradually develop and increase capacity particularly across the North of Blackpool and in relation to 'double up' or complex care packages.

Increasing demand for care at home services to support adults is anticipated this year and beyond owing to a growing adult service user population as increasing numbers of people live at home longer and as new and emerging models of care such as the GP Neighbourhoods and Extensive Care Team develop alongside care at home and focus on supporting people to remain healthy and well in their own homes. Commissioners aim to ensure that local care at home services are resilient and able to meet and respond to continually rising demand effectively. The Contracts and Commissioning Team are currently exploring a range of possible ways to procure care at home in the future which may offer some increased flexibility.

Unlike some other LAs, Blackpool Council does not commission care visits of less than 30 minutes. The Council includes an element for travelling time paid in the hourly rate to its contracted care at home providers. This policy decision is intended to avoid 'call cramming' practices (leaving a call early/arriving late) and is founded in our commitment to the safety and the welfare of service users and care staff.

Commissioners aim to ensure that local care at home services are resilient and able to meet and respond to continually rising demand effectively. The Contracts and Commissioning Team are currently exploring a range of alternative ways to procure care at home in the future which may offer increased flexibility. Some care providers have suggested that they would like to see fewer contracted providers delivering a higher volume of commissioned care hours in order to make care at home more efficient in terms of locations, cutting down on unnecessary travel time. In future there may be some scope for the Council and its contracted care providers to increase efficiency by reducing the amount of travelling time between visits by moving towards a neighbourhood or zoned approach to provision. In Blackpool, care sector profit margins are low and so a care at home model where fewer care providers deliver a higher proportion of care hours in a defined geographical footprint might offer opportunities to a smaller number of care providers to increase their turnover by reducing associated administrative overheads.

5. Quality

The Council's Contracts and Commissioning Team has robust evidence based quality monitoring processes in place and on a day to day basis works closely with: Children and Adult's Social Care Assessment Teams, the Blackpool Clinical Commissioning Group (BCCG), Blackpool Teaching Hospital (BTH), contracted care providers, care regulators including; Care Quality Commission (CQC), Ofsted and advisory bodies such as the

National Institute for Health and Care Excellence (NICE) which provide national guidance and advice to improve health and social care.

Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. CQC make sure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve. Care providers apply to register with CQC to deliver regulated care services in specialisms which include supporting Adults and Children, including people with mental health issues, dementia and Learning Disabilities. According to the CQC there are 23 care external providers operating in the Blackpool area who are registered to deliver care at home services. A total of 17 domiciliary care providers are contracted by Blackpool Council to deliver care at home. Of these:

- 8 registered care providers are contracted to deliver care at home to Adults
- 9 registered care providers are contracted to deliver care at home to Adults with a Learning Disability
- Annually, domiciliary care providers in Blackpool deliver a combined total of around 1,144,000 hours of care, equivalent to an average of 22,000 hours of care at home each week.

During 2016 around 2,283 adults were in receipt of community care services (non-residential chargeable services including: direct payments, day care, telecare, and care at home hours). During this period:

- 250 concerns were logged by the Contracts and Commissioning Team at the weekly Performance Monitoring Meeting (PMM). Of these,
- 213 concerns were investigated and responded to in a variety of ways including; case management and contract monitoring.

- 37 cases were entered in to adult safeguarding procedures (24 were either partially substantiated or substantiated and 13 were unsubstantiated).

The outcomes of concerns, complaints and safeguarding cases add to the overall picture of the quality of service provided which can result in action under Policy for Managing Poor Performance. Safeguarding history is routinely discussed at contract review meetings.

The Contracts and Commissioning Team monitors social care providers that Blackpool Council contracts with. Contract Monitoring involves assessing Provider compliance with pre-defined performance criteria and contract terms. The Council and the CCG operate a joint Managing Poor Performance Policy and procedures which are bespoke to Blackpool Council and Blackpool CCG and reflect successful local joint working arrangements.

In broad terms, a developmental approach is adopted that reflects mutual dependence and partnership and supports improvements in the first instance. Actions are proportionate to the perceived risks to service users; the seriousness of the issues; whether contractual obligations have been breached; the relationship with the service, and their view of and response to the poor performance. Decisions about actions to be taken are made on a case-by-case basis and take account of any related actions already being taken through the Council's or CCG's Complaints Procedures and/or Safeguarding Adults Procedures.

Through performance monitoring the Council aims to address poor performance at an early stage by providing appropriate support to improve. Depending on the concerns identified support via quality monitoring may include:

- Access to Council training sessions
- Access to Council's iPool training system
- Expert Learning Disability Awareness training sessions
- Expert provider support to develop and ensure compliant policy and practice across care at home sector
- Medication Management Pharmacist support

The Council also works collaboratively with contracted care at home providers. Commissioners and managers regularly meet with sector representatives at the Adults Care at Forum and the Learning Disability Provider Forum. The purpose of the Forums is to:

- Develop quality care at home services
- Share good practice
- Develop strong communication
- Promote networking within the sector
- Promote partnership working

A representative from the Council's Communications Team recently attended the Adults Care at Home Forum to discuss ways in which the Council can assist in raising the profile of care at home locally by publicising 'good news stories' and events such as the Annual Carer of the Year Awards.

6. National assessment and local policy

With effect from 1st April 2015 Adults needs are assessed against the Care Act (2014) eligibility criteria. Where a person has needs which meet the eligibility criteria the Local Authority has a statutory duty to provide care to meet those needs. If a person does not qualify for help from Social Services they are given advice and information about other services that are available which may help them to remain independent, healthy and well.

Transforming Care is the National policy driver which seeks to improve services for Adults with learning disabilities and/or autism, who display behaviours that challenge, including those with a mental health condition. The policy aims to drive system-wide change and enable more people to live in the community, with the right support, and close to home. The needs of Adults over the age of 18 with a learning disability and/or autism are assessed against the eligibility criteria under the national minimum threshold set out in the Care Act (2014). Eligibility is determined by an assessment undertaken by the Community Learning Disability Team.

There is no charge for an assessment or for any advice which people receive from Social Services; however, Adults who receive commissioned care services are expected to pay an assessed weekly charge towards the cost of their care. A financial assessment determines whether someone can afford to pay a contribution toward the cost of their care and support. Some people pay a reduced amount or nothing at all. The Social Care Benefits Team (SCBT) also check people are getting all the money and benefits the Government says they are entitled to.